

DOCUMENT NAME: Miscellaneous Costs**DAFIS DOCUMENT TYPE: 33**

1. **Description:** These costs include claims, reimbursement for authorized phone calls, and other costs not outlined elsewhere.
2. **Primary Forms:** SF-1164, Claim for Reimbursement for Expenditures on Official Business
3. **Related Forms:** SF-1034, Public Voucher For Purchases and Services Other Than Personal
4. **Document Number:** Standard Number - unit assigned.

SAMPLE: 3394904FAB001

<u>Document Type</u>	<u>FY Funded</u>	<u>Procurement Site Code</u>	<u>FY Contract Originated</u>	<u>Region</u>	<u>Program Element</u>	<u>Document Sequence</u>	<u>Suffix</u>
33	94	90	4	F	AB	001	

5. Accounting Line:

SAMPLE: 2/F/401/136/30/0/AB/12345/2337

6. FINCEN Critical Processing Requirements:

- a. All SF-1164 for miscellaneous claims (other than local travel, mileage) must be submitted to FINCEN for payment authorization with applicable paid receipts attached. The following information must be completed on an original SF-1164:
 - (1) Name, SSN, mailing address of claimant.
 - (2) Itemized list of expenditures - block 6.
 - (3) Claimant signature - block 10.
 - (4) Local Approving Authority signature - block 8.
 - (5) DAFIS document number and accounting data.
 - (6) All applicable receipts must be attached.
- b. FINCEN Authorized Certifying Officer (ACO) will validate claim and authorize payment.
- c. Submitted hard copy documents must be legible.

7. Other Information:

7. a. Approved local reimbursable travel not covered by travel orders should be submitted as Document Type 11.
- b. Mass transit subsidy should be submitted as Document Type 11.

8. LUFS Information:

- a. Standard generic input is made through the Record Spending Module.
- b. Obligation will transmit electronically via LUFS, if desired.

9. Document Flow:

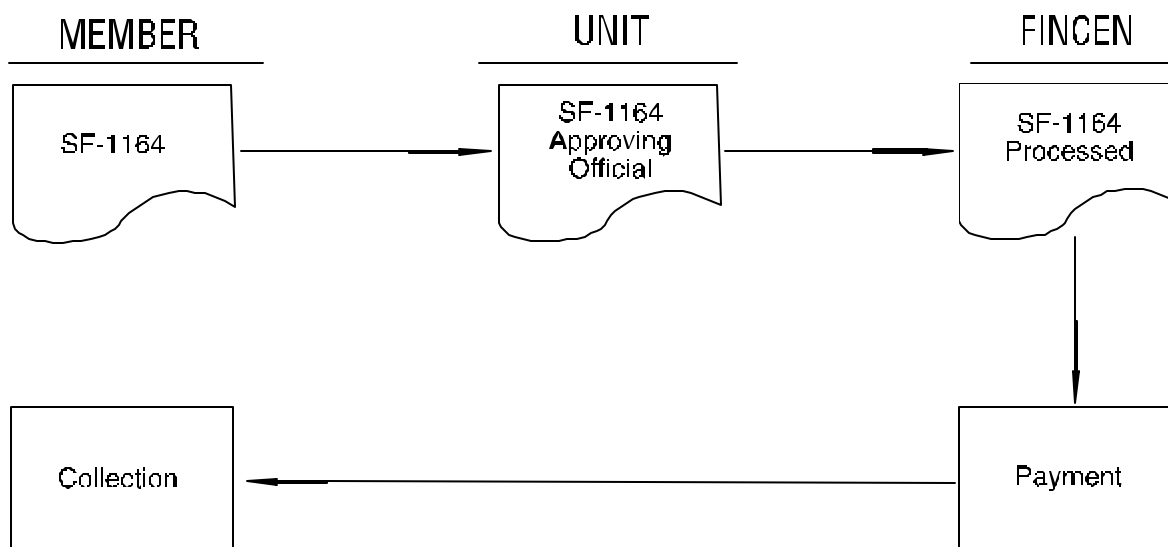


Figure 12D-62 Miscellaneous Costs

- a. Figure 12D-62 describes the procedures for processing Miscellaneous Costs.
- b. Member prepares SF-1164 plus applicable receipts for miscellaneous charges and forwards to the unit for approval.
- c. The unit forwards the SF-1164 plus backup documents to FINCEN for payment.

10. Sample Forms: See Figure 12D-63.

11. PES Report Sample:

DOCUMENT ID	TRANS CODE	BATCH NUMBER	COST CENTER	OBJ CLASS	COMMIT	UNDELIVERED ORDERS	ACCRUED EXPEND	EXPEND
3394904FAB001000	103F	94025F111	12345	2337	0.00	0.00	0.00	14.16

12. References: None.

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS		1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE		2. VOUCHER NUMBER					
				3. SCHEDULE NUMBER					
Read the Privacy Act Statement on the back of this form.									
4. CLAIMANT	a. NAME (Last, first, middle initial)		b. SOCIAL SECURITY NO.		5. PAID BY				
	Jones, Tom E.		123-45-6789						
	c. MAILING ADDRESS (Include ZIP Code)		d. OFFICE TELEPHONE NUMBER						
	1527 Shell Road Virginia Beach, VA 23456		(804) 464-1234						
6. EXPENDITURES (If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)									
DATE	C O D E	Show appropriate code in col. (b): A—Local travel B—Telephone or telegraph, or C—Other Expenses (itemized)		MILEAGE RATE	AMOUNT CLAIMED				
						MILEAGE	FARE OR TOLL	ADD. PER- SONS	TIPS AND MISCE- LANEOUS
19 94		(Explain expenditures in specific detail.)		NO. OF MILES					
(a)	(b)	(c) FROM	(d) TO	(e)	(f)	(g)	(h)	(i)	(j)
Jan 9	B		SKI Smith (202) 257-1234						4 25
Jan 9	B		SKI Smith (202) 257-1234						1 19
Jan 9	B		"						1 19
Jan 9	B		"						4 25
Jan 10	B		"						1 64
Jan 10	B		"						1 64
If additional space is required continue on the back.				SUBTOTALS CARRIED FORWARD FROM THE BACK					
7. AMOUNT CLAIMED (Total of cols. (f), (g) and (i)) 5				TOTALS					14 16
8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. (Note: If long distance calls are included, the approving official must have been authorized, in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).) Sign Original Only				10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me. PAYMENT DESIRED <i>Sign Original Only</i> <input type="checkbox"/> CHECK <input type="checkbox"/> CASH CLAIMANT SIGN HERE _____ DATE _____					
9. This claim is certified correct and proper for payment. Sign Original Only				11. CASH PAYMENT RECEIPT a. PAYEE (Signature) _____ b. DATE RECEIVED _____ c. AMOUNT \$ _____					
APPROVING OFFICIAL SIGN HERE <i>James Jones SKI</i> DATE <i>16 Jan 94</i>				12. PAYMENT MADE BY CHECK NO. _____					
AUTHORIZED CERTIFYING OFFICER SIGN HERE _____ DATE _____									
ACCOUNTING CLASSIFICATION									

3394904FAB001

2/F/401/136/30/0/AB/12345/ 2337

Figure 12D-63 SF-1164, Claim for Reimbursement for Expenditures on Official Business